

INITIAL AGENCY DEATH REVIEW

A. Demographic Data

1. Name (last, first) _____ , _____
2. Date of Birth ____/____/____ 3. Date of Death ____/____/____ 4. Age at Death ____
5. Name/Address of Provider Agency and Home: _____

6. Individual's type of residence

- | | |
|----------------------------------|--|
| _____ with family members | _____ Community residence with 2 or fewer other individuals |
| _____ independently | _____ Community residence with more than 2 other individuals |
| _____ own home, with supports | _____ Community-based ICF-MR |
| _____ nursing facility | _____ Other, specify _____ |
| _____ state developmental center | |

7. Provide a brief description of the deceased individual's (1) functional independence in daily living, (2) special custodial care and supervision needs, (3) physical handicapping conditions, (4) health care conditions, (5) medications, and (6) most recent psychiatric/medical hospitalization (if within one year of death).

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|-----|---|---|---|
| 8. | Y | N | Individual had been discharged from a state developmental center less than one year prior to his/her death. |
| 9. | Y | N | Individual had resided in current community placement less than one year prior to his/her death. |
| 10. | Y | N | Individual had family/guardians that visited often and were involved with his/her care and treatment. |
| 11. | Y | N | An autopsy was done. |
| 12. | Y | N | Family/guardian/conservator declined to have an autopsy done. |
| 13. | Y | N | Family/guardian requested a briefing/summary of the DMRS death review findings. |

B. Circumstances/Cause of Individual's Death

14. Provide a brief narrative description of the situation/circumstances surrounding the Individual's death.

15. Place where individual died/or was found dead: _____
16. Y N Individual's cause of death was not known.
17. Y N If individual died in a hospital, date of admission to hospital: _____
18. Y N Individual's death was discovered promptly (within 30 minutes) of his/her death. If no, explain: _____
19. Y N Individual's death was due to a known chronic medical condition (an ongoing condition identified more that 30 days prior to the individual's death). If yes, explain: _____
20. Y N Individual's death was due to an acute (versus chronic) medical condition (identified within 30 days of death). If yes, explain: _____

21.	Y	N	Individual received emergency medical procedures (e.g., CPR, Heimlich, ventilator, etc.) immediately prior to death. If yes, specify _____
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C. Circumstances/Situations Associated with Individual's Death

Indicate if any of the following circumstances were associated with the individual's death. If yes to any, provide an explanation in the space provided. Note: "associated" as used here does not imply caused by. Rather, information should be gathered from events that were associated in time with the individual's death.

The Individual's death may be associated with:

22.	Y	N	actual/suspected seizure	30.	Y	N	a violent act by staff person
23.	Y	N	a choking incident	31.	Y	N	a violent act by another individual receiving services
24.	Y	N	a fall	32.	Y	N	a violent act by a community citizen
25.	Y	N	an environmental problem/hazard	33.	Y	N	a DNR order
26.	Y	N	aspiration of food, liquids, vomit	<i>Narrative Explanation of any Item in 22-33 Marked, Yes:</i> _____ _____ _____ _____			
27.	Y	N	the individual's self-injurious (include PICA)/suicidal behavior				
28.	Y	N	a behavioral incident involving the individual				
29.	Y	N	a lapse in staff supervision				

D. Conclusions and Recommendations of Initial Agency Death Review (attach additional sheets if needed)

Conclusions Regarding Individual's Care

Identified training issues

Was the agency surprised by this death? Y N If yes, why and reason.

Recommendations for Quality Improvement

Issues Requiring Further Review/Follow-up

Agency Executive Director/Chief Officer _____

**Signature and Title of
Person Completing this Form** _____

Date _____

Provider Manual 11.17.b clearly states that an Initial Agency Death Review is required if the service recipient was receiving a DMRS funded residential service/ death occurred while attending or during transport to or from a DMRS funded non-residential service/ died as a result of an illness or injury directly connected with attendance at, receipt of or transport to/from a DMRS funded non-residential service.